990-T	E	empt Organization) (and proxy tax	Bus c un	siness Income der section 6033(	Táx Retu e))	řn <sup>3</sup> 4	OMB	No 1545-0687
,	For cale	ndar year 2017 or other tax year begin	ınlng _	, 2017, and end	ing,	20	2	<b>∞17</b>
Department of the Treasury		► Go to www.irs.gov/Form990	T for i	nstructions and the latest	information.	'		
Internal Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form a	as it ma	ay be made public if your org	anization is a 501		501(c)(3)	Organizations Only
A - X Check box if address changed	.	Name of organization ( Check be	ox if na	me changed and see instruction	ıs)			ication number ee instructions )
	4				•	,	•	,
B Exempt under section	During	LINDMOR FOUNDATION						~ -
X 501( C )( 3 V	Print	Number, street, and room or suite no	lf a P O	box, see instructions			631010	41.1.
408(e) 220(e	Type	0 /0 3 W 00 00 001 DD					ated busine structions)	ess activity codes
408A530(a	) .	C/O AYCO CO, 321 BR			•	_		
529(a)	-	City or town, state or province, countr	-	= :		1100	0.0	
C Book value of all assets at end of year	<del>-</del>	SARATOGA SPRINGS, N				11000	<u> </u>	
25 200 670		oup exemption number (See instruct			<del></del>	T		· · · · ·
		eck organization type   X   501		<del></del>	c) trust	401(a)	trust	Other trust
		orimary unrelated business activity		ATTACHM			<del> i</del>	T., 19T.,
		corporation a subsidiary in an affil			controlled group?		▶ ∟	Yes [X] No
		identifying number of the parent co	rporati		no number N. E.	0 006	4000	
J The books are in ca		or Business Income		T'	ne number > 5.		T T	(C) Not
		or Business income	T	(A) Income	(B) Exper	15 <b>e</b> 5	**** · · ·	(C) Net
1a Gross receipts or		c Balance ▶					laki	
b Less returns and allow Cost of goods so		lule A, line 7)	1c 2	· · · · · · · · · · · · · · · · · · ·	5 20 Y 12 22 23 1 Y		1 2/15/2007/201	<u>, 200 - 17, 2000 (2000)</u> 2000 - 17, 17, 17, 18, 18, 18, 18
3 Gross profit Sul	htract line	2 from line 1c	3		80% X X X X X X X X X X X X X X X X X X X	<u>naka.</u>	. 7900077794	300.10.11. 1406.2
		attach Schedule D)	4a	267,665.	\$255.8T 10.0488		\$	267,665.
•		Part II, line 17) (attach Form 4797)	4b	20,7003.	3 4 1	44.3×44.	3	2017003.
		trusts	4c	, ,		# 1947	,	
		ps and S corporations (attach statement)		24,725.	ATCH 2		<del>!                                    </del>	24,725.
			6	,	** 111,011	20 7 7 00	<del>                                     </del>	
		come (Schedule E)	7					
		nts from controlled organizations (Schedule F)	.8				†	
		11(c)(7), (9), or (17) organization (Schedule G)			-			
10 Exploited exemp	t activity i	ncome (Schedule I)	10		,		-	
11 Advertising inco	me (Sched	dule J)	11					
12 . Other income (S	ee instruc	ctions, attach schedule)	12			X.8430000	000	
		ough 12 '	13	292,390.	,			292,390.
		Taken Elsewhere (See insti				Except f	or contri	butions,
<u>'deductio</u>	ns must	t be directly connected with t	he ur	nrelated business-inco	me) LD	<u> </u>		
14 Compensation o	f officers,	directors, and trustees (Schedule K)				14		
15 Salaries and wag	jes			····· ଛ ··;;;;;	· 6 .00 io · 1	2 15		
16 Repairs and mai	ntenance			[] NU y	L <b>9</b> .ZU18 . [	15 16		
					<u> </u>	<u> </u>	<del>                                     </del>	
					EN, UT	. 18	<del> </del>	
					<del></del>	19	<del></del>	07.000
	•	See instructions for limitation rules)					-	27,338.
		4562)						
•		on Schedule A and elsewhere on re		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	22b	-	
							-	
	-	compensation plans					1	
		\$						
		Schedule I)					+ -	
		chedule J)					1	19,015.
		schedule)					<del>                                     </del>	46,353.
		es 14 through 28					<del>                                     </del>	246,037.
		ion (limited to the amount on line 30					<del> </del>	240,037.
		e income before specific deduction					<del>                                     </del>	246,037.
		ally \$1,000, but see line 33 instruc					<del>                                     </del>	1,000.
	,	- ,,				<u></u>	<u>, -                                     </u>	_, • •

245,037. Form **990-T** (2017)

20152080F1

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32,

Par	t III	Tax Computation			
35	Organi	ations Taxable as Corporations. See instructions for tax computation Controlled group			
	member	(sections 1561 and 1563) check here ▶  See instructions and			
а		ur share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)			
	(1) \$	(2) \$ (3) \$			
b		anization's share of (1) Additional 5% tax (not more than \$11,750) \$			
	(2) Addi	onal 3% tax (not more than \$100,000)			
С			35c	78,	814.
36	Trusts	Taxable at Trust Rates See instructions for tax computation Income tax on			
	the amo	int on line 34 from Tax rate schedule or Schedule D (Form 1041)	36		
37	Proxy t		37		
38	Alternat	ve minimum tax	38		
39	Tax on	Ion-Compliant Facility Income. See instructions	39		
40	Total A	d lines 37, 38 and 39 to line 35c or 36, whichever applies	40	78,	814.
Par	t IV	Tax and Payments			
41 a	Foreign	ax credit (corporations attach Form 1118, trusts attach Form 1116) 41a			
b	Other c	edits (see instructions)			
		business credit Attach Form 3800 (see instructions)			
		r prior year minimum tax (attach Form 8801 or 8827)			
			11e		
42	Subtrac		42	78,	814.
43	Other ta		43		
44	Total ta	. Add lines 42 and 43	44	78,	814.
45 a		s A 2016 overpayment credited to 2017			
		mated tax payments			
		sited with Form 8868			
		organizations Tax paid or withheld at source (see instructions)			
е		vithholding (see instructions)			
f		small employer health insurance premiums (Attach Form 8941)			
g	Other c	edits and payments Form 2439			
	F	rm 4136 Other Total ▶ 45g			
46	Total pa		46	92,	794.
47	Estimat	d tax penalty (see instructions) Check if Form 2220 is attached	47		
48	Tax due	If line 46 is less than the total of lines 44 and 47, enter amount owed	48		
49	Overpa	ment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid $\dots \dots \dots$	49	13,	980.
50	Enter the	amount of line 49 you want Credited to 2018 estimated tax ▶13,980. Refunded ▶	50		
Par	t V	Statements Regarding Certain Activities and Other Information (see instructions)			
51	At any	time during the 2017 calendar year, did the organization have an interest in or a signature or c	other authori	y Yes	No
		financial account (bank, securities, or other) in a foreign country? If YES, the organization may			
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the fo	reign counti	у	
	here 🕨				X
52	During t	extax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trust?	•	<u>X</u>
		e instructions for other forms the organization may have to file			
<u>53</u>		amount\of tax-exempt interest received or accrued during the tax year > \$			<u> </u>
	l to	er penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	t of my knowled	ge and be	dief, it is
Sign	)   V		the IRS disc	uss this	retum
Her			the preparer		below
	(Si		nstructions)? X	Yes	No
Paid		Print/Type preparer's name Preparer's signature Date Check	if PTIN		
	arer	CHRISTINE DIIONNA Una 11/07/2018 self-em		099953	33
-	Only		IN ▶33-11		
		Firm's address ▶ PO BOX 860, SARATOGA SPRINGS, NY 12866-0860 Phone n			
			Form	990-T	(2017)

Page	3

Schedule A - Cost of G	oods Sold. Er	ter metho	d of invent	tory valuatio	n I	<u> </u>					-3
1 Inventory at beginning of y							ar	6			
2 Purchases	· — —	<del>-</del>					ld. Subtract line				
3 Cost of labor							ter here and in	1 9			
4a Additional section 263A c				Part I, I	line :	2		7			
(attach schedule)	4a						section 263A (	with res	spect to	Yes	No
b Other costs (attach schedu							or acquired fo			2000 2000 2000	AAR
5 Total Add lines 1 through	• —						<u> </u>			Î	X
Schedule C - Rent Income (see instructions)	e (From Real P	roperty a	nd Perso	nal Prope	rty	Leased V	Vith Real Prope	erty)			
Description of property											
(1)		······································	<del> </del>								
(2)											
(3)											
(4)											
	2. Rent recei	ved or accru	ed								
for personal property is more than 10% but not percent			age of rent f				s directly connected with the income 5 2(a) and 2(b) (attach schedule)				
(1)											
(2)				•							
(3)											
(4)											
Total		Total									
(c) Total income. Add totals of chere and on page 1, Part I, line 6							(b) Total deduct Enter here and o Part I, line 6, colu	n page 1,			
Schedule E - Unrelated D			ee instruct	ions)							
1 Description of del		1	2 Gross	income from o				ced proper	ty		
, <del></del>	,		l l	property	_		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)							· · · · · · · · · · · · · · · · · · ·				
(2)					T						
(3)				-	ヿ						
(4)		-									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		4				Gross income reportable column 2 x column 6)		Allocable dec nn 6 x total 3(a) and 3(	of colum		
(1)					%						
(2)					%						
(3)					%						
(4)					%	-					
							e and on page 1, ie 7, column (A)	Enter Part	here and o	n page lumn (B	1, 3)
Totals			• • • • •		►L		<u> </u>				

Schedule F - Interest, Annu	uities, Royalties	s, and	Rents Fro	om Contro	lled Or	ganiz	ations (se	e instructio	ns)	1 .
	<u> </u>			ontrolled Or				<del>-</del>		
Name of controlled organization	2. Employer identification numb	per		ated income instructions)	4 Total	of specifients mad	<sup>ied</sup> ınclude	of column 4 th d in the contro ation's gross in	6 Deductions directly connected with income in column 5	
(1)				•						
(2)	· · · · · · · · · · · · · · · · · · ·			,		•	•			
(3)						4				
(4)									•	
Nonexempt Controlled Organi	zations									
7 Taxable Income	8. Net unrelated in (loss) (see instruc		1	Total of specific payments made		, incl	Part of colum uded in the c nization's gro	ontrolling		Deductions directly     nected with income in     column 10
(1)										·
(2)		'						<u>, , , , , , , , , , , , , , , , , , , </u>		
(3)			-				<i>.</i>			
(4)	• )		_i				ld columns 5	and 40		dd aslumas Cand 44
•			•				er here and or		Ent	id columns 6 and 11 ter here and on page 1,
•	•					Pa	rt I, line 8, col	umn (A)	Pa	rt I, line 8, column (B)
Totals					•			,		•
Schedule G - Investment II	come of a Sec	tion 5	01(c)(7).	(9), or (17	) Orga	nizatio	on (see ins	structions)		
1 Description of income	2. Amount of			3 Deduction directly corticated school	tions nected	,	4 S	et-asides n schedule)		5 Total deductions and set-asides (col 3' plus col 4)
(1)				(2000) 301	icouic)		•	,		, pius coi +/
(2)							<u> </u>			
(3)	_							•		-
(4)										,
Totala	Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B)					
Schedule I - Exploited Exc	empt Activity In	come.	Other Th	an Adverti	isina Ir	come	(see instr	uctions)	<u> </u>	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3. E d conne prod un	Expenses lirectly ected with duction of irrelated ess income	4 Net inconfrom unrelated or business 2 minus coll f a gain, coll 5 three	ne (loss) led trade (column lumn 3) ompute	5 G from	ross income activity that of unrelated ness income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	,			<del> </del>						
(2)										•
(3)							-			3 1
(4)			-							
	Enter here and on page 1, Part I, line 10, col (A)	page	here and on e 1, Part I, l0, col (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertising Ir	come (see instri	uctions)	<u> </u>	1. 035 220003 533	en de deservir		500 105 (030 <del>4</del> 5	5.440 A.M.A.	. 7 4884	^x
Part I Income From Per				idated Bas	sis		. i	·		<del></del>
										T
1 Name of periodical	2. Gross advertising income		Direct tising costs	4 Adverting an or (los 2 minus col a gain, col cols 5 thro	is) (col ol 3) If mpute	1	Circulation income	6 Reade cost	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	1.	-	<del></del>	(1) E 28 28 28 28 28 28 28 28 28 28 28 28 28	(35) G		· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		025817711898
(2)			•					1	-	
(3)				10000				<del>                                     </del>		
(4)		-		1				•	•	
					e enemeral ( 60)			\		***************************************
Totals (carry to Part II, line (5))		•		•					<u></u>	Form <b>990-T</b> (2017)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						-
(4)					,	r
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶					ra <i>irrikalija (#1</i> 2.)	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2. Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	
2) ATTACHMENT 5		%	
3)		%	
4)		%	
otal Enter here and on page 1, Part II, line 14			

Form **990-T** (2017)

	ATTACHMENT 2
FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS	
CANYON VALUE REALIZATION FUND LP LONE JUPITER LP SS RE FUND REMOVE TAX EXEMPT INCOME ADDBACK DISALLOWED PASSIVE LOSSES - SEE ATTACHED	25,835. -2,497. 7. -39. 1,419.
·INCOME (LOSS) FROM PARTNERSHIPS	24,725.

ATTACHMENT	3	

## FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	292,390.
LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD	19,015.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 27,338.
CHARITABLE CONTRIBUTION	1,800,003.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	27,338.

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

PORTFOLIO DEDUCTIONS - CANYON VALUE K-1

19,015.

PART II - LINE 28 - OTHER DEDUCTIONS

19,015.

#### **SCHEDULE D** (Form 1120)

### **Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Department of the Treasury Internal Revenue Service Name

Employer Identification number

LIN	OMOR FOUNDATION INC				2	26-3631010
Part	Short-Term Capital Gains and Losses	- Assets Held Or	ne Year or Less			
	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to or loss from Form 8949, Part I, line column (g)	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.					
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	-7,846.				-7,846.
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)		· · · · · · · · · · · ·		6	( )
	Net short-term capital gain or (loss) Combine lines 1				7	-7,846.
Part		- Assets Held IVIC	ore Than One Yea			(h) Colo or (topo)
	See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments t or loss from Form 8949, Part II, line	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whole dollars	(sales price)	(or other basis)	column (g)		the result with column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	275, <u>511</u> .				275,511.
8 b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked		••			
	WIND BOX 1 CHECKED			L		
11	Enter gain from Form 4797, line 7 or 9				11	_
12	Long-term capital gain from installment sales from F	12				
13	Long-term capital gain or (loss) from like-kind exchan	ges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15	Net long-têrm capital gain or (loss) Combine lines 8	a through 14 in column	h		15	275,511.
Part	Summary of Parts I and II			***************************************	·	T
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	l loss (line 15)		16	
17	Net capital gain Enter excess of net long-term capit				17	267,665.
18	Add lines 16 and 17 Enter here and on Form 1120,		•			0.55 5.55
	the corporation has qualified timber gain, also complete. If losses exceed gains, see Capital losses in the			• • • • • • • •	18	267,665.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2017

# Form 8949

## Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No 12A

` '		
T.TNDMOR	FOUNDATION	TNC

Social security number or taxpayer identification number

26-3631010

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part

Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions r			_	wasn't reporte	ed to the IRS		
(a)  Description of property  (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e
					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
CANYON VALUE K-1 - UBTI ST			-11,586				-11,586
LONE JUPITER K-1 - UBTI ST			3,740				3,740
			,				
			<u></u>				
						-	
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked) or line 3 (if Box C above is checked)			-7,846				-7,846

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2017)